

<b>UTILITY</b> <b>PATENT APPLICATION</b> <b>TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 245505US41X CONT
		First Inventor or Application Identifier Pierre RAMILLON
		Title METHOD FOR IDENTIFYING A SIGNAL SOURCE
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>		<b>Commissioner for Patents</b> <b>ADDRESS TO:</b> Mail Stop Patent Application Alexandria, Virginia 22313
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)  (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets 28</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 6</p> <p>4. <input type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 2px;"> </span></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))  <i>(for continuation/divisional with box 17 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in  the prior application, see 37 C.F.R. §1.63(d)(2) and  1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer  Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission  <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification or Sequence Listing on :</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>		<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of  <i>(when there is an assignee)</i> Attorney</p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS  Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Applicant claims small entity status.  <i>See 37 CFR 1.27</i></p> <p>16. <input type="checkbox"/> Other:</p>
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 10/368,535</p> <p><i>Prior application information:</i> Examiner: DESTA, Elais Group Art Unit: 2857</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		
<p><b>18. CORRESPONDENCE ADDRESS</b></p> <p>Customer Number  <b>22850</b>  (703) 413-3000  FACSIMILE: (703) 413-2220</p>		

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Docket No. 24550US41X CONT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Pierre RAMILLON, et al.

SERIAL NO: New Continuation Application

FILING DATE: Herewith

FOR: METHOD FOR IDENTIFYING A SIGNAL SOURCE

**FEES TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	18 - 20 =	0	x \$18 =	\$0.00
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<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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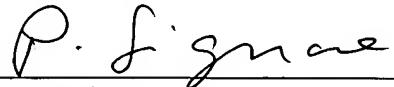
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
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